



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Slovin	Gary	M.	547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Cendant Corporation		973-496-5497
MAILING ADDRESS (Street)		FAX
/ 6 Sylvan Way		973-496-6951
(City)	(State)	(Zip Code)
Parsippany	NJ	07054
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
John Bazin		973-496-5497
MAILING ADDRESS (Street)		FAX
/ 6 Sylvan Way		973-496-6951
(City)	(State)	(Zip Code)
Parsippany	NJ	07054

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
X Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below) <u>Taxation</u>
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

[Signature] (Signature of Lobbyist) 11/12/05 (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
John Bazin		Vice President, State & Government Relations	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Cendant Corporation		973-496-5497	
MAILING ADDRESS (Street)		FAX	
16 Sylvan Way		973-496-6951	
(City)	(State)	(Zip Code)	
Parsippany	NJ	07054	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>[Signature]</u> (Signature of Authorizing Officer or Person Represented)		<u>12-16-04</u> (Date)	